

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

397

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1 ✓			
2				1 ✓		
3				1 ✓		
4				1 ✓		
5				1 ✓		
6				1 ✓		
7				1 ✓		
8				1 ✓		
9				1 ✓		
10				1 ✓		
11				1 ✓		
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49						
50						
TOTAL IND.			1			
TOTAL DEP.						
TOTAL CLAIMS			30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						